FORM APPROVED
BUDGET BUREAU NO. 70-R144.6

FORM NO. AA-21
(12-58)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR LUMP-SUM DEATH PAYMENT AND ANNUITIES UNPAID AT DEATH

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY LUMP-SUM DEATH PAYMENT OR ANY INSURANCE BENEFITS BASED ON THE DEATH OF THIS EMPLOYEE PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

ENTER EMPLOYEE'S RRB CLAIM NUMBER (IF NONE OR UNKNOWN, MAKE NO ENTRIES IN THIS SPACE)
A-333473

(DO NOT WRITE IN THIS SPACE)
OFFICIALLY FILED 311
10 03 67
J. H. Crawford
Contact Representative
Altoona Region 5

I, Claude W. Beatinger (PRINT - YOUR FIRST - MIDDLE - LAST NAME), hereby apply for any annuities or lump sums which may be payable to me under the provisions of the Railroad Retirement Act, as amended.

INFORMATION ABOUT DECEASED EMPLOYEE

1. Name: PAUL E NIXON (PRINT - FIRST - MIDDLE - MAIDEN LAST NAME IF FEMALE - LAST NAME) — 705-12-2357 (SOCIAL SECURITY ACCOUNT NUMBER)

2. Date and place of birth: 03 12 88 (MONTH - DAY - YEAR) — LARGENT (CITY OR TOWN) — W VA (STATE OR FOREIGN COUNTRY)

3. Date and place of death: 03 07 67 (MONTH - DAY - YEAR) — Cumberland (CITY OR TOWN) — MD (STATE OR FOREIGN COUNTRY)

4. In what State or foreign country did the employee have his fixed, permanent home when he died? MD

5. (a) Did the employee serve in the active military or naval service of the United States after September 7, 1939? NO (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) Give _____ (BRANCH OF SERVICE) _____ (DATE OF ENTRY)

_____ (PLACE OF ENTRY) _____ (DATE OF DISCHARGE) _____ (PLACE OF DISCHARGE)

_____ (MILITARY ORGANIZATION OR VESSEL AT TIME OF DISCHARGE) _____ (SERIAL NO. IF NONE, GIVE RANK)

(2) Was the employee receiving a monthly benefit from any Federal agency other than the Railroad Retirement Board? _____ (YES OR NO) If "Yes," give name of agency: _____

(3) Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? _____ (YES OR NO) If "Yes," give name of agency: _____

(b) Did the employee, after September 15, 1940, serve in the active military or naval service of a country allied with the United States during World War II? NO (YES OR NO) If "Yes," was the employee a citizen of the United States at the time he entered such service? _____ (YES OR NO) If your answer to both questions is "Yes," give the name of the country for which he served. _____

Date of entry into service. _____ Date of discharge _____

6. List all employment for hire performed by the employee during the last 3 years in which he worked:

NAMES OF PERSONS OR COMPANIES FOR WHICH THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN MONTH	WORK BEGAN YEAR	WORK ENDED MONTH	WORK ENDED YEAR
B & O R R Co.	Cumberland, MD	UNKNOWN		UNKNOWN	

7. Did the employee receive income, as a self-employed person (whether as a sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? NO (YES OR NO)

If "Yes," give the following information:

Kind of trade or business: _____

Period of self-employment: From _____ to _____

8. Was the employee ever married? Yes (YES OR NO) If "Yes," give the following information about each marriage, including the marriage, if any, in effect at the time of the employee's death:

MARRIAGE(S)	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED
1. DATE UNK	Nellie Boatwright	Death	DATE 11 20 61
PLACE UNK			PLACE Cumberland, MD
2. DATE			DATE
PLACE			PLACE
3. DATE			DATE
PLACE			PLACE

9. Was the employee survived by a widow or widower? NO (YES OR NO) If "Yes," give the following information:

(a) Name and address of widow or widower: _____

(b) Date of birth of widow or widower: _____ (MONTH) _____ (DAY) _____ (YEAR)

(c) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death? _____ (YES OR NO) If "No," also answer (1), (2), and (3) below:

1. State why the husband and wife were not living together and date they separated: _____

2. Was the employee under order by any court to contribute to the support of his wife (her husband)? _____ (YES OR NO)
If "Yes," and you are the *widow* or *widower*, submit a copy of the court order.

3. Was the employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.) _____ (YES OR NO) If "Yes," state how often and in what amounts contributions were made: _____

10. (a) Give the following information about the employee's children (including illegitimate, adopted children, and stepchildren); show relationship by placing (√) in proper column. (If none, write "None.")

NAME OF CHILD	RELATIONSHIP				DATE OF BIRTH	ADDRESS OF CHILD
	LEGITIMATE	ADOPTED	STEPCHILD	ILLEGITIMATE		
None						

(b) Is a child of the employee expected to be born? NO (YES OR NO) If "Yes," give the month in which birth is expected: _____ (MONTH) _____ (YEAR)

(c) Are any of the employee's children, age 18 or older, unable to engage in any regular employment because of a disability which began before the child attained age 18? NO (YES OR NO) If "Yes," give the name of each such child: _____

11. Give the following information about the employee's living parents; show relationship by placing (√) in the proper column. (If none, write "None.")

NAME	RELATIONSHIP			WAS PARENT DEPENDENT ON EMPLOYEE (YES OR NO)	DATE OF BIRTH	ADDRESS
	NATURAL PARENT	ADOPTING PARENT	STEP-PARENT			
None						

INFORMATION ABOUT APPLICANT

12. If you are a woman, give full maiden name: _____

13. What is your relationship to the deceased employee? Nephew

14. (a) *If you are the widower or a parent of the deceased employee,* were you receiving at least one-half of your support from the employee at the time of his or her death? _____ (YES OR NO)

(b) *If you are the widower* and the employee was an annuitant under the Railroad Retirement Act and the answer to (a) is "No," were you receiving at least one-half of your support from your wife at the time her annuity began? _____ (YES OR NO)

15. *If you are the widow or widower:* (a) Were you married before your marriage to the employee? _____ (YES OR NO) If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED
1. DATE			DATE
PLACE			PLACE
2. DATE			DATE
PLACE			PLACE
3. DATE			DATE
PLACE			PLACE

(b) Indicate by (√) whether your marriage to the employee was performed by:

☐ Clergyman ☐ Authorized public official ☐ Other _____ (EXPLAIN)

Answers to the following questions are not required if you are the widow or widower and you were living in the same household with the employee at the time of death.

16. Give the following information about any person(s) who paid or will pay all or part of the employee's burial expenses. (If none, write "None.")

NAME AND ADDRESS OF SUCH PERSON(S)	RELATIONSHIP TO EMPLOYEE	AMOUNT PAID
Claude W Bearinger 40 Grand Av Cumberland MD	Nephew	796.00
Veterans Administration - Cumberland MD	No ne	250.00

17. If you paid all or part of the employee's burial expenses give:

(a) Total amount of the employee's burial expenses . . . . . $ 1046.00

(b) Does the amount in (a) above include the cost of the burial lot? No (YES OR NO) If "No," was the employee buried in his family plot? Yes (YES OR NO) If the employee was not buried in his family plot give the name and address of the person who furnished the lot: _____

(c) Amount of burial expenses paid by you from:

(1) Your own funds . . . . . $ No ne

(2) The employee's funds . . . . . $ 796.00

(d) Have you received, or will you receive, any amount in cash or property toward the burial expenses paid by you? (Do not include proceeds from an insurance policy or benefits from a fraternal association, union, or employer if you were named beneficiary of any such benefit) No (YES OR NO) If "Yes," give the following information:

SOURCE OF PAYMENT	DATE PAYMENT RECEIVED OR EXPECTED	AMOUNT PAID
		$
		$
		$
		$

(e) Has application for reimbursement for, or payment of, burial expenses been, or will it be, filed with the Veterans Administration or any other Federal agency? Yes (YES OR NO) If "Yes," give the following information:

NAME OF AGENCY	NAME OF PERSON FILING WITH OTHER AGENCY	AMOUNT CLAIMED

(f) If there are no living children, give the following information about the employee's living grandchildren. (If none, write "None.")

NAME	DATE OF BIRTH	ADDRESS	NAMES OF PARENTS (INCLUDE MOTHER'S MAIDEN NAME)
None			FATHER
			MOTHER
			FATHER
			MOTHER
			FATHER
			MOTHER
			FATHER
			MOTHER
			FATHER
			MOTHER

(g) Was the deceased employee survived by any brothers or sisters? No (YES OR NO) If "Yes," give the following information:

NAME OF EACH BROTHER OR SISTER	AGE	ADDRESS

(h) Have you been appointed administrator or executor of the employee's estate? Yes (YES OR NO) If "No," give name and address of the administrator or executor of the employee's estate. (If none, write "None.")

(i) If you are neither related to the employee by blood or marriage nor the administrator or executor of the employee's estate, state why you paid his burial expenses: _____

RECEIVED
OCT 14 1967

REMARKS: (This space may be used for explaining any answers to questions. If more space is needed, attach another

RECEIVED
OCT 10 1967
Railroad Retirement Board
Mail Room
Baltimore

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

1. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (STATE) _____ (ZIP CODE)

2. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (STATE) _____ (ZIP CODE)

SIGNATURE OF APPLICANT:

Claude K Bowersox
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

40 GRAND AV
(STREET AND NUMBER)

Cumberland (CITY) Allegany (COUNTY)

MD (STATE) 21502 (ZIP CODE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:
722-8048
(IF NONE, WRITE "NONE")

DATE SIGNED 10 (MONTH) 03 (DAY) 67 (YEAR)

RRB FORM G-659a
(9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO.
		A-333473
4. NAME OF DECEASED EMPLOYEE: Paul E Nixon		5. SSA NO. 705-12-2357

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
Altoona, Pa (311)	10-06-67	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	RECEIVED PERSON	RECEIVED MAIL	RECEIVED EMP.	FORM NUMBER
Claude W Bearinger 40 Grand Av Cumberland, Md 21502 722-8048	adult	Adm. & P/BE		x			AA-21

	15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
x	POD 03-07-67	x		
	POM DOM:			
	POA AND/OR POR OF:			
	G-476a			
x	RL-94-F		x	
	RL-113			
	POM/S			
x	PO PAYMENT B/E:	x		
	PO PAYMENT LI/E:			
x	PO APPT. LEGAL REP.	x		
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

New Runway

A 33+73
A-5
Lakehurst

Item 27

Pay as in
NOT AO Corrected

NO Errors
Signed

Inspector
11-4-67

FORM G-359
(12-64)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DETERMINATION OF AWARD

LUMP-SUM DEATH PAYMENT or RESIDUAL PAYMENT

1. ADMINISTRATIVE VOUCHER NO. 11157253

4. RRB CLAIM NO. . A 3 3 3 4 7 3

2. [X] FINAL CERTIFICATION [ ] SUBJECT TO RECERTIFICATN.

5. DECEASED EMPLOYEE: PAUL E. NIXON

3. (1) [X] INSURANCE LUMP-SUM (2) [ ] DEFERRED LUMP-SUM (3) [ ] RESIDUAL PAYMENT (4) [ ] RESIDUAL AND LSDP

6. EMP'S. SSA NO. 705 12 2357

7. DATE OF BIRTH: 3-12-82

8. DATE OF DEATH: 3-7-67

9. INSURED STATUS
- (1) [X] COMPLETELY INSURED
- (5) [ ] PARTIALLY INSURED
- (7) [ ] NIS RRA–INSURED SSA ON COMBINED EARNINGS
- (9) [ ] NOT INSURED UNDER EITHER RRA OR SSA

10. MILITARY SERVICE
- (0) [X] NOT USED
- (2) [ ] AFTER 1936 AND BEFORE 7-63
- (3) [ ] BEFORE 1937 OR AFTER 6-63

11. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE (0) [ ] MAR. (1) [X] S.W.D. FEMALE (3) [ ] MAR. (4) [ ] S.W.D.

12. RELATIONSHIP OF BENEFICIARY (1) [ ] WIDOW OR WIDOWER (4) [X] OTHER

13. BASIC AMT.: 58.86 14. PIA: —

15. WIA AT AGE 60: (1) [X] NO [ ] YES — DATE OF BIRTH OF WIDOW OR WIDOWER:

LUMP-SUM DEATH PAYMENTS

16. TEN TIMES BASIC AMOUNT $588.60

17. TOTAL REIMBURSABLE BURIAL EXPENSES $796.00

18. PAID AS FOLLOWS: L1 - $796.00.

19. REMAINS UNPAID: $ NONE

RESIDUAL PAYMENTS

20. OPTION ELECTED: (0) [ ] NO (1) [ ] YES (⊗) [ ] INSURED SSA ON WAGES ONLY

21. GROSS RESIDUAL $

22. DEDUCTIONS FOR OTHER BENEFITS $

23. RESIDUAL AFTER DEDUCTIONS $

24. RECOVERY OF PAYMENTS [ ] RUIA [ ] SSA [ ] OTHER — REGION — $

25. NET RESIDUAL PAYABLE $

26. REMARKS: RL 24 A503

27. CERTIFICATION OF PAYMENT

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	SHARE	NET AMOUNT PAID
L1	LINE 1: CLAUDE W BEARINGER		
RELATIONSHIP: PBIR Estate	LINE 2: FOR EST OF		
	LINE 3: PAUL NIXON		
	LINE 4: 4D GRAND AV		
CLAIM FILED: 10-3-67	LINE 5: CUMBERLAND MD 21502		
	LINE 6:	ALL	588.60
SYMBOL	LINE 1:		
	LINE 2:		
RELATIONSHIP	LINE 3:		
	LINE 4:		
CLAIM FILED	LINE 5:		
	LINE 6:		

EXAMINER AS — DATE 10-31-67

COMPUTER — DATE

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE NOV 7 1967. SIGNATURE [signature] SA
AUTHORIZATION OFFICER

G-359 (12-64)

FORM RL-24 (11-64) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF LUMP-SUM AWARD	*When Writing to the Board, Always Give:* THE DECEASED EMPLOYEE'S NAME *and* THIS CLAIM NO. ➡ A-333473	DATE NOV 15 1967

Claude W. Bearinger for Estate of Paul Nixon

You have been awarded a lump-sum payment of the type checked below.

[X] **Insurance lump sum.** This benefit is based on the employee's *railroad earnings and social security earnings*, if any. Therefore, no benefits are payable under the Social Security Act. $ 588.60

[ ] **Residual lump sum.** $

[ ]

A check for the amount due you is enclosed.

Should you have any questions about this award, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.